MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01589

Reg. Dist. No. 166

1. PLACE OF DEATH· COUNTY Garrett Oakland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Life time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Pearle	(Middle) Magdalene	(Last) Aronhalt.	4. DATE OF DEATH	(Month) 2	(Day) 23	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.	8. DATE OF BIRTH 5/28/1887	9. AGE last birthday 62 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY House wife	11. BIRTHPLACE (State or foreign country) Oakland, Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Samuel E. Lawton	14. MOTHER'S MAIDEN NAME Susan E. Harne.						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Samuel Aronhalt, Oakland, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease

4200 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 23rd, 1950, to Feb 23rd, 1950, that I last saw the deceased alive on — —, 19....., and that death occurred at 2:00 P.m., from the causes and on the date stated above.

SIGNATURE James H. Feaster, Jr. (Degree or title) MD. ADDRESS 58 2nd St. Oakland, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/26/1950	NAME OF CEMETERY OR CREMATORY Oakland Cemetery	LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REG. 2-26-1950	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Emory D. Bolden	ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01590

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville, Md. — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville
STREET ADDRESS (If rural, give location): Maryland

3. NAME OF DECEASED (Type or Print): (First) Galen (Middle) W (Last) Beachy

4. DATE OF DEATH: (Month) Feb. (Day) 23 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 14, 1890

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10b. KIND OF BUSINESS OR INDUSTRY: Lumberman

11. BIRTHPLACE (State or foreign country): Garrett County, Maryland

12. CITIZEN OF WHAT COUNTRY: U. S.

13. FATHER'S NAME: Paul Beachy

14. MOTHER'S MAIDEN NAME: Elizebeth Lohr Beachy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Vena Beachy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 23, 1950 to Feb 23, 1950, that I last saw the deceased alive on Feb 23, 1950, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

N. R. Davis M.D. Grantsville Md Feb 24 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 28, 1950 | NAME OF CEMETERY OR CREMATORY: Grantsville Cemetery | LOCATION (City, town, or county) (State): Grantsville, Md.

DATE REC'D BY LOCAL REG.: Feb 25-1950 | REGISTRAR'S SIGNATURE: Ethel Broadwater | 24. FUNERAL DIRECTOR: Wm Altenberg | ADDRESS: Grantsville, Md.

15673

VS. A15

RECEIVED
MR 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01591

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 161

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville Md. — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville,
STREET ADDRESS (If rural, give location): Maryland

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) (Last) BULLARD

4. DATE OF DEATH: (Month) Feb. (Day) 21 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 23, 1861

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Garrett County, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John Miller

14. MOTHER'S MAIDEN NAME: Salvilla Frazee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Ford McCulla

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Lung - Right.	2-3 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

162
47d

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases to Pleura, Chest wall-abdomen.

19a. DATE OF OPERATION: Jan 8 '50 — Many aspirations

19b. MAJOR FINDINGS OF OPERATION: for fluid + cells aspiration Biopsy — Cumberland Hospital

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — — — — —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from Jan 9, 1950, to Feb 21, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 12 15 A.m., from the causes and on the date stated above.

SIGNATURE: Edwin M. Price — (Degree or title) MD — ADDRESS: Confluence Pa — DATE SIGNED: Feb. 22, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 23, 1950 — NAME OF CEMETERY OR CREMATORY: Addison Cemetery — LOCATION (City, town, or county): Addison — (State): Penna.

DATE REC'D BY LOCAL REG.: Feb 22 1950 — REGISTRAR'S SIGNATURE: Kathryn Fike,

24. FUNERAL DIRECTOR: Alma Winterberg — ADDRESS: Grantsville, Md.

BUREAU A. B.
1950

MARYLAND STATE DEPARTMENT OF HEALTH

01592

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 16 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park, — LENGTH OF STAY (In this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS State Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location) State Road

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Lawrence (Last) Cochrane

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1950 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 8/22/1866

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT: Chauncey Cassiday

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fracture left femur

9040 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypostatic Pneumonia

1860a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home — (CITY OR TOWN) Mt. Lake Park (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) 6 00 p/ m. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Fell in home

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) M. D. — ADDRESS Oakland Md — DATE SIGNED 2/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF 2/2/50 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Wheeling, W. Va.

DATE REC'D BY LOCAL REG. 2-2-1950 — REGISTRAR'S SIGNATURE Julia A. Jordan — 24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

VS. A15A

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01593

Reg. Dist. No. 166

M

I

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt. Lake Park | LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Terra Alta
STREET ADDRESS ----- (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Eurastis	Calvin	Cuppett	Feb. 28, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	2/21/1871	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Cuppett	Katherine Bishoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	214-28-6505	Otis Cuppett - Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Infarction	24 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sclerotic Heart Disease	Years ?
	(c) Senility	

420.0 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 27th, 1950, to Feb 27th, 1950, that I last saw the deceased alive on Feb 27th, 1950, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H. Deaton, Jr.	M.D	5-8 2nd St. Oakland, Md	3-1-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/50	Hoyes Cemetery	Garrett Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mch - 2 - 1950	Julia A. Rowan	Herbert P. Leighton	Oakland, Md.

RECEIVED
MAR 8 1950
BUREAU V. S.

01594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- SWANTON
LENGTH OF STAY (In this place) 23 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#3, MT. ZION

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- SWANTON
STREET ADDRESS R#3, MT. ZION (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LUVERDA (Middle) ELIZABETH (Last) DUCKWORTH
4. DATE OF DEATH (Month) FEB. (Day) 27 (Year) 1950 19

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH JAN. 9, 1927
9. AGE last birthday 23 yrs. If under 1 year Months 1 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) MT. ZION, GARRETT CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EARL HARRISON PAUGH
14. MOTHER'S MAIDEN NAME STELLA BOSLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT MARK DUCKWORTH, R#3, Swanton, MD/

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
175	Immediate cause	(a) Cachexia	4 mo
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) due to	
49a		(c) Carcinoma of ovary (primary)	2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Feb 27, 1950, that I last saw the deceased alive on Feb 24, 1950, and that death occurred at 7:45A. m., from the causes and on the date stated above.

SIGNATURE James H Wolverton Jr (Degree or title) MD ADDRESS Piedmont W. Va DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/1/50
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
LOCATION (City, town, or county) (State) Mt. Zion, Garrett Co. Md.

DATE REC'D BY LOCAL REG. 3/1/50
REGISTRAR'S SIGNATURE A W Barnd
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 3 1950
BUREAU A.

Evidence for addition of #8 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01595

FILM No. G 12 APR 3 1950

Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY: Garett; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R.D.Grantsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R D Grantsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Donald Ray (Middle) (Last) Fazenbaker

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 7, 1950

9. AGE last birthday: yrs. If under 1 year: Months; Days 2; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): RuraalNear Grantsville

12. CITIZEN OF WHAT COUNTRY? Garett

13. FATHER'S NAME: George Fazenbaker

14. MOTHER'S MAIDEN NAME: Marie Evylin Fasenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT: George Fasenbaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Atelectasis — Interval Between Onset and Death: 2 Days

762.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

161.0 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Oakland Md DATE SIGNED: 2/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Febuaryll 50 NAME OF CEMETERY OR CREMATORY: Bathesda LOCATION (City, town, or county) (State): Rural Near Jennings Md

DATE REC'D BY LOCAL REG.: Mar 27/50 REGISTRAR'S SIGNATURE: Ethel Broadwater

24. FUNERAL DIRECTOR: Wm Winterberg ADDRESS: Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 29 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01596

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Kitzmiller | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~SHORT RUN~~

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller - Rural
STREET ADDRESS (If rural, give location) SHORT RUN

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) LEONARD (Last) HADDIX

4. DATE OF DEATH: (Month) FEB. (Day) 19 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 3, 1924

9. AGE last birthday: 25 yrs. | If under 1 year: Months | If under 1 day: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tunnelton, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Alonzo Haddix

14. MOTHER'S MAIDEN NAME: Annie Lucinda Nash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD W.2

16. SOCIAL SECURITY NO.: 218-16-3761

17. INFORMANT AND ADDRESS: Mrs. S.A. Haddix, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Exposure (freezing) — Interval between onset and death: ?

Antecedent cause(s)

932.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

190

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm Field

(CITY OR TOWN): Kitzmiller (COUNTY): Garrett (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 19, 1950 2:00 (?)

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? not certain. Probably injured himself on fence, became confused & froze.

22. I hereby certify that I attended the deceased from none, 19..., to none, 19..., that I last saw the deceased alive on none, 19..., and that death occurred at unknown m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): Thomas L. Lusby, M.D. acting Deputy Medical Examiner

ADDRESS: Oakland, Md.

DATE SIGNED: 23 Feb 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 2/24/50

NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

LOCATION (City, town, or county) (State): Elk Garden, W.Va.

DATE REC'D BY LOCAL REG.: 2/24/50

REGISTRAR'S SIGNATURE: A.W. Bassick

24. FUNERAL DIRECTOR AND ADDRESS: Otha F. Sharpless, Blaine, W.VA.

RECEIVED
MAR 15 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01597

FILM No. G 124 MAR 15 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
LENGTH OF STAY (in this place): 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Alberta (Last) Harris

4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify):

8. DATE OF BIRTH: 8/17/1876

9. AGE last birthday: 73 74 yrs. — If under 1 year: Months 6, Days 6, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Hopwood, Penna.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Washington Cover

14. MOTHER'S MAIDEN NAME: Susan Louise Stamp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Bobbt Ryland, Friendsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Angina Pectoris	48 hrs
431 **Antecedent cause(s)**		
94 **Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last**	(b) Acute myocarditis	?
	(c) Uremia	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 2/14, 19 50, to 2/23, 19 50, that I last saw the deceased alive on 2/21, 19 50, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. B. Messmore (M.D.) — ADDRESS: Addison-Pa — DATE SIGNED: 2-24-50

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) — DATE: 2/25/50 — NAME OF CEMETERY ~~OR CREMATORY~~: Friendsville — LOCATION (City, town, or county) (State): Friendsville Md

DATE REC'D BY LOCAL REG.: Feb 25, 1950 — REGISTRAR'S SIGNATURE: Kathryn Fike.

24. FUNERAL DIRECTOR — ADDRESS: W. V. Savage — Friendsville Md

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01598

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton

LENGTH OF STAY (In this place) 63 Yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Swanton-North Glade Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton

STREET ADDRESS (If rural, give location) Swanton-North Glade Rd.

3. NAME OF DECEASED (Type or Print) (First) JENNIE (Middle) ELLEN (Last) HARVEY

4. DATE OF DEATH (Month) FEB. (Day) 11 (Year) 50 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 19, 1886

9. AGE last birthday 63 yrs. If under 1 year Months 2 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Swanton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Jackson Sweitzer

14. MOTHER'S MAIDEN NAME Mary Ellen Bittinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Amy Sweitzer, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage 2 Wk

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertention

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to Feb 11, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 5:15P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James H. Clothier M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/14/50

NAME OF CEMETERY OR CREMATORY George Cemetery

LOCATION (City, town, or county) (State) Swanton, Garrett Co., Md.

DATE REC'D BY LOCAL REG. Feb 14/50

REGISTRAR'S SIGNATURE Julia J. Rowan L.R.

24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 015996 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Garrett
City or town: Hutton (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Garrett
City or town: Hutton (If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Farrell Jean Baby Girl Lewis

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife: none
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 19, 1950

8. AGE:

Years	Months	Days	If less than one day
0	0	0	1 hrs. 30 min.

9. Birthplace: Hutton, Md. (Town, county, and state)
10. Usual occupation: none
11. Industry or business

FATHER
12. Name: Lester Martin Lewis
13. Birthplace: Deer Park, Md.

MOTHER
14. Maiden name: Farrell Glendine Lewis
15. Birthplace: Crellin, Md.

16. Informant: Mother + Father
Address: Hutton, Md.

17. (Burial, cremation, or removal. Which?) Buried Date thereof: 2-21-1950 (month) (day) (year)
Cemetery or crematory: Zimmerly
Location: Mt. Swallow Falls Md
acting Lester Martin Lewis Father
18. Funeral director: [illegible]
Address: Hutton Md

19. (Date rec'd by registrar) 2/21/1950 Julia A. Rowan Registrar

1-0-2-19-0-21-2-24-x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 19 1950 at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 1950 to Feb 19 1950 and that I last saw h[illegible] alive on Feb 19 1950

Immediate cause of death	DURATION
Prematurity (6 mos. pregnancy)	
Due to	
Due to	
Other conditions	

776
159 (Include pregnancy within 3 months of death)

Major findings of operations: none Date of op.
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Thomas F. Lusby M.D. (M. D. or other)
Address: Oakland, Md. Date signed: 20 Feb 50

RECEIVED
MAR 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01600

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Grantsville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Grantsville, Maryland

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	C.	Robeson	Feb. 24, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Oct. 28, 1854	95 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Farming	Avilton, Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Robeson	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	none	Howard Robeson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Hypocondritis

4222 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1945, to Feb 24, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 11:00 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. R. Davis M.D	Grantsville Md	Feb 24

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 27, 1950	St Ann's Cemetery	Avilton, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb 25-1950	Ethel Broadwater	Wm. Winebrenner	Grantsville, Md.

000W

RECEIVED
MAR 1 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01601

CERTIFICATE OF DEATH

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
LENGTH OF STAY (In this place) 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Christopher (Middle) Columbus (Last) Sines

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 10/21/1883

9. AGE last birthday 66 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Henry C. Sines

14. MOTHER'S MAIDEN NAME Mary Sisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) —

16. SOCIAL SECURITY No. 213-18-0919

17. INFORMANT Thomas Sines

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval between onset and death: 6 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

431
930

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1949, to Feb 27, 1950, that I last saw the deceased alive on Feb 18, 1950 and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton Jeffers MD — ADDRESS Friendsville Md — DATE SIGNED Mar 1, 1950

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE 3/1/1950 — NAME OF CEMETERY OR CREMATORY Blooming Rose — LOCATION (City, town, or county) (State) Near Friendsville, Md.

DATE REC'D BY LOCAL REG. March 1, 1950 — REGISTRAR'S SIGNATURE Kathryn Fike

24. FUNERAL DIRECTOR — ADDRESS W. H. Savage

98894

VS. A15

RECEIVED
MAR 3 1950

01602

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Garrett — Oakland, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) 50 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Joseph	Wallace	2	1	19 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widower	8/7/1871	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter		Romney, W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Wallace	Mary Ann Curins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs. Thersa Martin, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	2 Hours
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 1, 1939, to Feb. 1, 1950, that I last saw the deceased alive on Feb. 1, 1950, and that death occurred at 3:53A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. Nana	MD	101 Hurst St Oakland Md.	Feb. 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/4/1950	St. Peters Cemetery	Oakland, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-4-1950	Julia A. Rowan	Emory D. Bolden	Oakland, Md

34049

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01603

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park
LENGTH OF STAY (In this place) 4 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHURCH ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DEER PARK
STREET ADDRESS (If rural, give location) CHURCH ST.

3. NAME OF DECEASED (Type or Print): (First) FLORA (Middle) ALMEDA (Last) WRIGHT

4. DATE OF DEATH: (Month) FEB. (Day) 11 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAR. 19, 1866

9. AGE last birthday: 83 yrs. — If under 1 year: Months 10, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Garrett Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis M. McRobie

14. MOTHER'S MAIDEN NAME: Lucy McRobie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Lena Pritts, Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart failure	3 days?
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Art. Cardio-Vascular Disease	?
93d	(c) Senility (and weakness)	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Sept, 1948, to 10 Feb, 1950, that I last saw the deceased alive on 10 Feb, 1950, and that death occurred at 4:15A. m., from the causes and on the date stated above.

SIGNATURE: Thomas J. Lusby — (Degree or title) M. D. — ADDRESS: Oakland, Md — DATE SIGNED: 13 Feb. 50

23. BURIAL, CREMATION (Specify): Burial — DATE THEREOF: 2/13/50 — NAME OF CEMETERY OR CREMATORY: George Cemetery — LOCATION (City, town, or county) (State): Swanton, Garrett Co., Md.

DATE REC'D BY LOCAL REG. 2-14-50 — REGISTRAR'S SIGNATURE: Julia A. Bowen L.R.

24. FUNERAL DIRECTOR: Otha F. Sharpless — ADDRESS: Blaine, W.Va.

VS. A15

RECEIVED
FEB 16 1950
BUREAU T. S.